



## Section A: National Data System Coding (i.e., PCS)

Section D: Summary of Findings/Comments  
(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

Name(s) and Signature(s) of Inspector(s) Steven Potokar 	Agency/Office/Phone and Fax Numbers EPA/R10/OCE 206-553-6354	Date 4/8/11
Dave Terpening	EPA/R10/OCE	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date

ICIS/PCS,  
4-11-2011  
J Brown

# INSTRUCTIONS

## Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code:** Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

**Column 18: Inspection Type\*.** Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	! Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

**Column 19: Inspector Code.** Use one of the codes listed below to describe the *lead agency* in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

**Columns 73-80:** These columns are reserved for regionally defined information.

## Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

## Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

## Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

\*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.



# FY 2011 INSPECTION CONCLUSION DATA SHEET (ICDS)

EPA Region 10

## CWA NPDES

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. Federal 'Oversight' inspections conducted to ensure the integrity of a State's compliance monitoring program are not subject to ICDS.

This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component. **DO NOT MODIFY FORM**

**Compliance Activity Type:** Inspection/Evaluation

**1. EPA Lead Inspector:**

First & Last Name:	Steven Potokar
Phone #: (include area code)	2065536354

**2. Compliance Monitoring Dates:** *(mm/dd/yyyy of inspection)*

Actual Start Date:	2/24/11
Actual End Date:	2/24/11

**3. Compliance Monitoring Activity Name:** This is the descriptive name of site inspected (e.g., *Hidden River Estates construction site*).

Hillview Dairy

**4. On-Site Facility Representative?** *(Check No or Yes)*

<input type="checkbox"/>	No → If checked, proceed to ICDS line #5.												
<input checked="" type="checkbox"/>	Yes → If checked, provide the following information then proceed to ICDS line #5.												
<table border="1"><tr><td>Facility Representative: (first &amp; last name)</td><td>Marvin Vreugdenhil</td></tr><tr><td>Individual's Title:</td><td>Owner</td></tr><tr><td>Organization:</td><td></td></tr><tr><td>Phone #: (include area code)</td><td>(b) (6)</td></tr><tr><td>Fax #: (include area code)</td><td></td></tr><tr><td>Email:</td><td></td></tr></table>		Facility Representative: (first & last name)	Marvin Vreugdenhil	Individual's Title:	Owner	Organization:		Phone #: (include area code)	(b) (6)	Fax #: (include area code)		Email:	
Facility Representative: (first & last name)	Marvin Vreugdenhil												
Individual's Title:	Owner												
Organization:													
Phone #: (include area code)	(b) (6)												
Fax #: (include area code)													
Email:													

## 5. Linked Facility:

**Media-Specific Programmatic ID:** For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (e.g., NPDES IDR10BD47). ONE & only one **Programmatic ID** must be linked to the Inspection. (Enter NPDES #)

**Facility Classification:** This describes the current type of classification for the facility. (Check ONE)

<input type="checkbox"/> NPDES Major	<input type="checkbox"/> NPDES Minor	<input checked="" type="checkbox"/> NPDES Unpermitted
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**Facility Site Name:** This is the public or commercial name of the site inspected (e.g., Castle Peak Construction LLC).

**Facility Site Location:** This is the physical address of the site inspected (e.g., 504 Larch St., Priest River ID 83835).

Street Address or detailed description, City Name, State Code, & Zip Code:	4938 Hillview Dairy Sumas WA 98295
(No corporate mailing address or P.O. Box)	

**Facility Latitude & Longitude:** (Decimal Degrees only)

Latitude: (e.g., +48.1107)	48.98263
Longitude: (e.g., -116.5404)	-122.21905

**Is facility site within Tribal Land?** This information enables EPA to correlate a facility's location to a specific federally-recognized Indian tribe. The 'Tribal Land Name' is taken from the Environmental Data Registry (EDR) list of acceptable tribal names and entities. (Check No or Yes)

<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes → Enter Tribal Land Name in text box below:
<input type="text"/>

**SIC and/or NAICS Codes:** The 1987 Standard Industrial Classification (SIC) 4-digit code represents the economic activity of a company. The 2007 North American Industry Classification System (NAICS) 6-digit code represents a subdivision of an industry. The link to the NAICS/SIC code website is available on EPA R10's OCE Intranet site. (Enter all codes corresponding to the site/facility inspected)

0241					
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**Facility Type Ownership:** (Check only ONE)

<input type="checkbox"/>	Corporation
<input checked="" type="checkbox"/>	Privately Owned
<input type="checkbox"/>	Individual
<input type="checkbox"/>	City Government
<input type="checkbox"/>	County Government
<input type="checkbox"/>	State Government
<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	School District
<input type="checkbox"/>	Municipal or Water District
<input type="checkbox"/>	Mixed Ownership (e.g., Public/Private)
<input type="checkbox"/>	GOCO (Government Owned/Contractor Operated)
<input type="checkbox"/>	Federal Facility → Enter Federal Agency Name in text box below:
	<input type="text"/>

**Small Business Indicator:** This flag indicates if the Facility meets the requirements of the EPA Small Business Policy. A "small business" or entity employs 100 or fewer individuals within all facilities and operations owned by the business. The numbers of employees should be considered as full time equivalents (2000 hours per year of employment). (Check No or Yes)

<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes



**6. Federal Statute | Law Section | Program:** This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the Activity or being violated. *(Check only ONE)*

	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Base Program (Limits, Reporting, Schedule)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Pretreatment
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sludge/Biosolids
x	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Concentrated Animal Feeding Operations (CAFOs)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Combined Sewer Overflows (CSO)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sanitary Sewer Overflows (SSO)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Construction
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Non-Construction
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: MS4
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Section 308 Information Requests

**7. Compliance Monitoring (CM) Action Reason:** This is the description that identifies the purpose of a Compliance Monitoring Activity. *(You must check either Core Program or Agency Priority. If ONE of the Other CM Action Reasons applies, it should also be checked.)*

	<b>Core Program</b> → If checked; skip ICDS line #8 & proceed to ICDS line #9.
x	<b>Agency Priority</b> → If checked; proceed to ICDS line #8 & identify the applicable FY 2011 OECA National Priority.
	<b>Other - Citizen Complaint/Tip</b>
	<b>Other - For Cause</b>
	<b>Other - Random Inspection</b>
	<b>Other - Result of Spill</b>
	<b>Other - Selected Monitoring Action</b>

**8. FY 2011 OECA National Priority:** This is the description that identifies the national priority that prompted the initiation of the inspection. *(If Agency Priority was checked in ICDS line #7, you must check ONE National Priority in table below.)*

	<b>2011 - Energy Extraction - Land Based Gas Extraction &amp; Production</b> → If checked; one or more of the SIC/NAICS codes listed below must be reported on ICDS line #5 (Linked Facility: SIC and/or NAICS Codes).
	<b>This National Priority applies to the following site/facility types.</b>
	<ul style="list-style-type: none"> <li>• Crude Petroleum and Natural Gas - 1311; 211111</li> <li>• Natural Gas Liquids - 1321; 211112</li> <li>• Drilling Oil and Gas Wells - 1381; 213111</li> <li>• Oil and Gas Exploration Services - 1382; 213112 and 541360</li> <li>• Oil and Gas Field Services - 1389; 213112, 237120, and 238910</li> </ul>
x	<b>2011 - WW - CAFO (Concentrated Animal Feeding Operation)</b>
	<b>2011 - WW - CSO &gt; = 50K service population</b>
	<b>2011 - WW - Combined Sewer Overflow (CSOs)</b>
	<b>2011 - WW - MS4s (Municipal Separate Storm Sewer Systems)</b>
	<b>2011 - WW - Sanitary Sewer Overflows (SSOs)</b>

**9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A – Column 18:**

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line #10. (Check only ONE)

<b>A</b> Performance Audit Inspection	<input type="checkbox"/>	<b>CAFO</b> (Sampling)	<input type="checkbox"/>	<b>F</b> Pretreatment (Follow-up)	<input type="checkbox"/>
<b>B</b> Compliance Biomonitoring	<input type="checkbox"/>	<b>CAFO</b> (Non-Sampling)	<input type="checkbox"/>	<b>G</b> Pretreatment (Audit)	<input type="checkbox"/>
<b>C</b> Compliance Evaluation Inspection – Non-Sampling	<input type="checkbox"/>	<b>CSO</b> (Sampling)	<input type="checkbox"/>	<b>I</b> Industrial User (IU) Inspection	<input type="checkbox"/>
<b>D</b> Diagnostic	<input type="checkbox"/>	<b>CSO</b> (Non-Sampling)	<input type="checkbox"/>	<b>P</b> Pretreatment Compliance Inspection	<input type="checkbox"/>
<b>J</b> Complaints	<input type="checkbox"/>	<b>SSO</b> (Sampling)	<input type="checkbox"/>	<b>U</b> IU Inspection with Pretreatment Audit	<input type="checkbox"/>
<b>M</b> Multimedia Inspection	<input type="checkbox"/>	<b>SSO</b> (Non-Sampling)	<input type="checkbox"/>	<b>2</b> IU Sampling Inspection	<input type="checkbox"/>
<b>N</b> Spill	<input type="checkbox"/>	<b>Storm Water-Construction</b> (Sampling)	<input type="checkbox"/>	<b>3</b> IU Non-Sampling Inspection	<input type="checkbox"/>
<b>R</b> Reconnaissance Inspection	<input type="checkbox"/>	<b>Storm Water-Construction</b> (Non-Sampling)	<input type="checkbox"/>	<b>4</b> IU Toxics Inspection	<input type="checkbox"/>
<b>S</b> Compliance Sampling Inspection	<input type="checkbox"/>	<b>Storm Water-Non-Construction</b> (Sampling)	<input type="checkbox"/>	<b>5</b> IU Sampling Inspection with Pretreatment	<input type="checkbox"/>
<b>X</b> Toxics Inspection	<input type="checkbox"/>	<b>Storm Water-Non-Construction</b> (Non-Sampling)	<input type="checkbox"/>	<b>6</b> IU Non-Sampling Inspection with Pretreatment	<input type="checkbox"/>
<b>Z</b> Sludge – Biosolids	<input type="checkbox"/>	<b>Storm Water-MS4</b> (Sampling)	<input type="checkbox"/>	<b>7</b> - IU Toxics with Pretreatment	<input type="checkbox"/>
<b>@</b> Follow-up (enforcement)	<input type="checkbox"/>	<b>Storm Water-MS4</b> (Non-Sampling)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<b>Storm Water-MS4</b> (Audit)	<input type="checkbox"/>		<input type="checkbox"/>

**10. Compliance Monitoring Type:**

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line #9. (Check only ONE)

<u><b>Comprehensive Type Inspections</b></u> (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)		<u><b>Alternative Type Inspections</b></u> (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)		<u><b>Industrial User (IU) Type Inspections</b></u> (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)													
<input type="checkbox"/>	Audit	<input checked="" type="checkbox"/>	AFO Defined	<input type="checkbox"/>	Audit (IU)												
<input type="checkbox"/>	Diagnostic	<input type="checkbox"/>	AFO Designation	<input type="checkbox"/>	Evaluation (IU)												
<input type="checkbox"/>	Evaluation	<input type="checkbox"/>	Aerial Photography	<input type="checkbox"/>	Sampling (IU)												
<input type="checkbox"/>	Plan Review	<input type="checkbox"/>	Case Development	<input type="checkbox"/>	Toxics (IU)												
<input type="checkbox"/>	Sampling	<input type="checkbox"/>	Field Screening Sample														
<input type="checkbox"/>	Schedule Evaluation	<input type="checkbox"/>	Follow-up														
<input type="checkbox"/>	Toxics	<input type="checkbox"/>	Hyperspectral Imaging														
<input type="checkbox"/>	Bio monitoring	<input type="checkbox"/>	Illegal Operators														
	<b>➔ If Biomonitoring is checked; ONE of the following must also be checked:</b> <table><tr><td><input type="checkbox"/></td><td>Discrete Acute</td></tr><tr><td><input type="checkbox"/></td><td>Discrete Chronic</td></tr><tr><td><input type="checkbox"/></td><td>Discrete Method</td></tr><tr><td><input type="checkbox"/></td><td>Flow-Through Method</td></tr><tr><td><input type="checkbox"/></td><td>Flow-Through Acute</td></tr><tr><td><input type="checkbox"/></td><td>Flow-Through Chronic</td></tr></table>	<input type="checkbox"/>	Discrete Acute	<input type="checkbox"/>	Discrete Chronic	<input type="checkbox"/>	Discrete Method	<input type="checkbox"/>	Flow-Through Method	<input type="checkbox"/>	Flow-Through Acute	<input type="checkbox"/>	Flow-Through Chronic	<input type="checkbox"/>	Non-Compliance Rate		
<input type="checkbox"/>		Discrete Acute															
<input type="checkbox"/>		Discrete Chronic															
<input type="checkbox"/>		Discrete Method															
<input type="checkbox"/>		Flow-Through Method															
<input type="checkbox"/>		Flow-Through Acute															
<input type="checkbox"/>		Flow-Through Chronic															
	<input type="checkbox"/>	Reconnaissance with Sampling															
	<input type="checkbox"/>	Reconnaissance without Sampling															
	<input type="checkbox"/>	Remote Sensing															
	<input type="checkbox"/>	Satellite Imaging															
	<input type="checkbox"/>	Witness Response Drill															



**11. Compliance Monitoring Agency Type:** (Check only ONE)

<input checked="" type="checkbox"/>	U.S. EPA
<input type="checkbox"/>	EPA Contractor
<input type="checkbox"/>	Other-EPA (i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))

**12. Compliance Monitoring Agency Name:** (Environmental Protection Agency is the only selection for ICDS)

<input checked="" type="checkbox"/>	Environmental Protection Agency
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**13. Was this a State, Federal or Joint (State/Federal) Inspection?** This is the description indicating whether the inspection was conducted jointly by Federal & state or individually. (Check either *State*, *Federal* or *Joint*)

<input type="checkbox"/>	<b>State Inspection</b> → If checked; proceed to ICDS line #14.
<input checked="" type="checkbox"/>	<b>Federal Inspection</b> → If checked; proceed to ICDS line #14.
<input type="checkbox"/>	<b>Joint (State/Federal) Inspection</b> → If Joint, you must answer the following two questions.
<b>1) If Joint, what was the purpose of the participation of the other party?</b> (Check only ONE)	
<input type="checkbox"/>	True Joint Inspection with EPA & State
<input type="checkbox"/>	Oversight Purposes
<input type="checkbox"/>	Training Purposes
<input type="checkbox"/>	Assist the State
<b>2) Which Party had the lead?</b> (Check <i>State</i> or <i>EPA</i> )	
<input type="checkbox"/>	<b>State</b> → If checked, you must answer the following question.
<b>If State, Local or Tribal lead, did EPA assist?</b> (Check <i>No</i> or <i>Yes</i> )	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	<b>EPA</b>

**14. Media Monitored:** This is the description identifying a type of media where the pollutants or waste were emitted/discharged. (Check only ONE)

<input type="checkbox"/>	Water (biosolids & other sludges)
<input checked="" type="checkbox"/>	Water (navigable/surface)
<input type="checkbox"/>	Water (sediment)
<input type="checkbox"/>	Water (stormwater)
<input type="checkbox"/>	Water (wastewater to POTW) → Applies to Industrial Users discharging to POTW. If checked, you must enter the applicable POTW Name & NPDES # in text box below:
<input type="text"/>	

**15. Compliance Monitoring Media Indicator:** This indicates whether the inspection is multimedia or single-media. (Check if *Multimedia inspection*)

<input type="checkbox"/>	Multimedia Indicator
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**16. Compliance Monitoring Action Outcome:** This identifies the outcome of the inspection, if known at the time of activity. (Check only ONE)

<input checked="" type="checkbox"/>	Under Review
<input type="checkbox"/>	No Violation
<input type="checkbox"/>	Immediately Corrected
<input type="checkbox"/>	Not Immediately Corrected
<input type="checkbox"/>	No Compliance Monitoring (Access Denied)
<input type="checkbox"/>	No Compliance Monitoring (Facility Shut Down)

**17. Did you observe deficiencies (potential violations) during the on-site inspection?**

Identifying a deficiency is not making a compliance determination (further review is needed to determine violations). ICDS is not designed to capture all of the observations, findings, & other data contained in the final inspection report. Deficiencies identified as potential violations, and actions to address deficiencies noted on the ICDS must be included in the final EPA inspection report.

(Check No or Yes)

- ☐ **No** → If checked, skip to ICDS line #20.
- ☒ **Yes** → If checked, you must identify the **Deficiencies** observed in the table below then proceed to ICDS line #18. (Check all applicable)

<input type="checkbox"/>	Potential excess emission in violation of regulations
<input type="checkbox"/>	Potential failure to complete or submit a notification, report, certification, or manifest
<input type="checkbox"/>	Potential failure to follow a permit condition (s)
<input type="checkbox"/>	Potential failure to follow a required sample monitoring procedure or laboratory procedure
<input type="checkbox"/>	Potential failure to follow or develop a required management practice or procedure
<input checked="" type="checkbox"/>	Potential failure to identify and manage a regulated waste or pollutant in any media
<input type="checkbox"/>	Potential failure to maintain a record or failure to disclose a document
<input type="checkbox"/>	Potential failure to maintain/inspect/ repair meters, sensors, & recording equipment
<input type="checkbox"/>	Potential failure to obtain a permit, product approval, or certification
<input type="checkbox"/>	Potential failure to report regulated events such as spills, accidents, etc.
<input type="checkbox"/>	Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
<input type="checkbox"/>	Potential violation of a compliance schedule in an enforceable order

**18. If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection?**

EPA inspectors should follow regional policy on when/how to inform facilities of deficiencies. (Check No or Yes)

- ☐ **No** → If checked, skip to ICDS line #20.
- ☒ **Yes** → If checked, proceed to ICDS line #19.

**19. Did you observe the Facility take any actions during the inspection to address the deficiencies noted?**

- ☒ **No** → If checked, proceed to ICDS line #20.
- ☐ **Yes** → If checked, you must identify **Actions** taken in table below then proceed to ICDS line #20. (Check only actions observed/seen)

<input type="checkbox"/>	Completed a Notification or Report
<input type="checkbox"/>	Corrected Monitoring Deficiencies
<input type="checkbox"/>	Corrected Record Keeping Deficiencies
<input type="checkbox"/>	Implemented New or Improved Management Practices or Procedures
<input type="checkbox"/>	Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)
<input type="checkbox"/>	Requested a Permit Application or Applied for a Permit
<input type="checkbox"/>	Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions
<input type="checkbox"/>	Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc).

→ If **Reduced Pollution** is checked, you must check and/or specify at least one Pollutant in the table below. See Pollutant Reference Table for complete list of available values. The document is available on EPA R10's OCE Intranet site.

Common Water Pollutants		
<input type="checkbox"/>	Ammonia nitrogen	<input type="checkbox"/> Flow
<input type="checkbox"/>	BOD, 5-day, percent removal	<input type="checkbox"/> O/G (Oil & Grease)
<input type="checkbox"/>	Cl (Chlorine)	<input type="checkbox"/> Overflow Volume (SSO, CSO)
<input type="checkbox"/>	COD (Chemical Oxygen Demand)	<input type="checkbox"/> Production, seafood effluent
<input type="checkbox"/>	DO (Dissolved Oxygen)	<input type="checkbox"/> Sanitary sewage
<input type="checkbox"/>	E. coli	<input type="checkbox"/> Sanitary waste, BOD, 5-day
<input type="checkbox"/>	Seafood Processing Waste	
<input type="checkbox"/>	Sediment	
<input type="checkbox"/>	SS (Settleable Solids)	
<input type="checkbox"/>	TC (Total Coliform)	
<input type="checkbox"/>	TSS (Total Suspended Solids)	
<input type="checkbox"/>	Untreated sewage	
<input type="checkbox"/>	Other (specify):	



**20. Did you provide *general* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during inspections?** The *Final National Policy: Role of the EPA Inspector in Providing Compliance Assistance During Inspections (2003)* provides descriptions & examples of appropriate & inappropriate *general* & *site-specific* compliance assistance during inspections. The National Policy document is available on EPA R10's OCE Inspector Intranet site. (Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, proceed to ICDS line #21.
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line #21.

**21. Did you provide *site-specific* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspections?** (Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, proceed to ICDS line #22.
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line #22.

**22. Is the inspection/evaluation related to a NPDES Special Regulatory Program?** (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip Attachments A-F.
<input checked="" type="checkbox"/>	Yes → If checked, you must identify the NPDES Special Regulatory Program. (Check applicable Program in table below, then proceed to Attachment indicated)
<input type="checkbox"/>	Pretreatment → Proceed to ICDS Attachment A
<input type="checkbox"/>	Sanitary Sewer Overflow (SSO) → Proceed to ICDS Attachment B
<input type="checkbox"/>	Combined Sewer Overflow (CSO) → Proceed to ICDS Attachment C
<input checked="" type="checkbox"/>	Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment D
<input type="checkbox"/>	Storm Water (Non-Municipal) → Proceed to ICDS Attachment E
<input type="checkbox"/>	Storm Water (Municipal) → Proceed to ICDS Attachment F

#### **Data Collection Process:**

- The inspector is responsible for collection of ICDS data during the on-site inspection.
- The inspector should complete the ICDS form *during* or *immediately after* the inspection is concluded.
- The inspector should forward completed ICDS forms to their first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, & that the data is complete & accurate. Once the supervisor review is complete, the ICDS form should be forwarded to the data entry person. For CWA inspections, forward the ICDS form(s) to the attention of Jeannine Brown by any of the following methods: Mail to U.S. EPA Region 10, 1200 6<sup>th</sup> Avenue, Suite 900, Mailstop OCE-164, Seattle, WA 98101; fax to 206-553-4743; or email to [Brown.Jeannine@epa.gov](mailto:Brown.Jeannine@epa.gov).

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector	Steven Potokar	4/8/11
ICDS Review Completed By First-line Supervisor/Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown	



# **ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)**

## **General Information**

Is the Animal Facility Type a CAFO? (Yes or No)	yes
CAFO Classification? (Large, Medium, or Small)	medium
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

## **Solid & Liquid Manure**

Solid Manure or Litter Generated: (Tons)	No Estimate
Liquid Manure or Wastewater Generated: (Gallons)	No estimate
Solid Manure or Litter Transferred: (Tons)	0
Liquid Manure or Wastewater Transferred: (Gallons)	0

## **NMP (Nutrient Management Plan)**

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	yes
NMP Developed Date: (mm/dd/yyyy)	2001
NMP Last Updated Date: (mm/dd/yyyy)	2001

## **EMS (Environmental Management System)**

Does the facility have an EMS? (Yes or No)	no
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

## **Land Application BMP (Best Management Practices)**

Type (Check all applicable)	
<input type="checkbox"/> Buffers	
<input checked="" type="checkbox"/> Setbacks	
<input type="checkbox"/> Conservation Tillage	
<input type="checkbox"/> Constructed Wetlands	
<input type="checkbox"/> Infiltration Field	
<input type="checkbox"/> Grass Filter	
<input type="checkbox"/> Terrace	
<input type="checkbox"/> Residue Management	
<input type="checkbox"/> Other: (Specify)	

=> CONTINUES ON NEXT PAGE

## **Animal Type**

Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
Mature Dairy Cattle		400	
Veal Calves			
Cattle (All except Mature Dairy Cattle & Veal Calves)			
Swine over 55 lbs			
Swine under 55 lbs			
Horses			
Sheep or Lambs			
Turkeys			
Chicken (All except Layers)			
Chicken (Layers)			
Ducks			
Other: (Specify)			

## **Manure, Litter, & Processed Wastewater Storage Types**

Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
Wastewater Treatment Lagoon		
Storage Lagoon	4.8	na
Evaporation Pond		
Above Ground Storage Tanks		
Below Ground Storage Tanks		
Roofed Storage Shed		
Concrete Pad		
Impervious Soil Pad		
Underflow Pits		
Anaerobic Digester		
Outdoor Piles		
None		



**ICDS Attachment D: CAFO (page 2 of 2)****Land Application**

<b>Land Available for Application Measure:</b> (# of acres)	438
<b>Number of Acres of Contributing Drainage from Production Area:</b> (# of acres that are drained & collected in the production area)	438

**Livestock**

<b>Livestock Maximum Capacity:</b> (# of animals)	na
<b>Livestock Capacity Determination Based Upon:</b> (# of animals)	na
<b>Authorized Livestock Capacity:</b> (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	na

Other: (Specify)

**Containment Type**

Type (Check all applicable)	Total Capacity (#)
<input type="checkbox"/> Lagoon	4.8
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

**Violation Types**

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report





**NPDES  
Inspection Report**

**Hillview Dairy LLC  
Sumas, WA**

**September 2, 2011**

**Prepared by:  
Steven Potokar, Environmental Scientist  
Environmental Protection Agency, Region 10  
Office of Compliance and Enforcement  
NPDES Compliance Unit**





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- A. Photograph Documentation
- B. Facility Aerial Photograph

(Unless otherwise noted, all details in this inspection report were obtained from conversations with Marvin Vreugdenhill or from observations made during the inspection.)

**I. Facility Information**

Facility Name: Hillview Dairy LLC

Facility Type: Dairy

Facility Address: 4938 Hillview Road  
Sumas WA, 98295

Mailing Address: 938 Hillview Road  
Sumas WA, 98295

Facility Phone #s: (b) (6) Marvin Vreugdenhil

Facility Contact(s): Marvin Vreugdenhil (Owner)

Permit Number: No Permit

GPS Location: Lat: 49.00034  
Long: -122.2

**II. Inspection Information**

Inspection Date: February 24, 2011

Arrival Time: 10:35 AM

Departure Time: 11:50 AM

Weather: 20 F°, Cold, Windy, and Sunny

Purpose: Determination of compliance with the Clean Water Act and to evaluate the State's CAFO program.

**III. Background and Activity**

This is a dairy that is owned by Marvin Vreugdenhil and has been in existence 43 years. (b) (6) . This facility has three lagoons designed by NRCS with a total of 4.8 million gallons of waste. He has 438 acres of farmable land that he applies to. The waste generated at this facility is from the areas barns, milking operation, and feed stock areas. This facility grows grass and corn, he uses the lagoon water to irrigate year round with a combination of irrigation water. There is a solid separator on site built in 2008. Their irrigation practices are via sprinklers and big guns. There is an underground piping system which allow the facility move waste to and from lagoons. He has a Nutrient management plan.

The inspection of this dairy is part of EPA Region 10's concentrated animal feeding operation initiative.



**IV. Individuals Present**

The inspectors present for this inspection were Steven Potokar (EPA), and David Terpening(EPA), and Brent Richmond (EPA).

The facility representative present during the inspection was Marvin Vreugdenhil.

**V. Inspection Entry**

We arrived at the facility at 10:35AM on February 24, 2011 where we met Marvin Vreugdenhil. We presented our credentials upon arriving and explained the purpose of our visit.

Mr. Vreugdenhil did not deny us access to the facility. We began the inspection with a brief opening conference (b) (6). I explained the purpose of our inspection and he explained the facility layout. Due to the temperatures and the wind, he told us to tour the facility and meet back when we were completed.

**VI. Inspection Chronology**

After the opening conference, we proceeded to conduct a tour of the facility. The facility tour included an inspection of the barn and feed storage area, main lagoon for the milk facility, secondary lagoon and second dairy barn. It also included an inspection of the unnamed creek.

We concluded the inspection with a brief exit interview where we discussed areas of concern identified during the inspection.

**VII. Owner and Operator Information**

This facility is owned by Marvin Vreugdenhil.

**VIII. Number of Animals**

Mr. Vreugdenhil indicated that the facility currently houses 400 Milkers.

**IX. Presence of Vegetation in the Confinement Areas**

The confinement was in barns that were concrete slabs. There was no vegetation present on the concrete floors.

**X. Length of Animal Confinement**

According to Mr. Vreugden, the dairy cows at this facility are confined year round.

**XI. Waste Management Process**

The bulk of the waste generated at this facility is in the area where the animals are confined. The barns area scrapped.

## **XII. Observed Discharge**

At the time of this inspection, I saw no discharge to the nearby drainage ditch.

## **XIII. Areas of Concern**

We inspected the facility including the confinement areas and the waste handling system. Observations during the inspection included the one area of concern.

### **A. SPCC possible issue**

There a Large 10,000 Gallon Above ground diesel tank propped on tires near the second barn. (see Photo 1 ). There was no secondary containment, and there was possibility if a spill to flow to an unnamed creek that connects to Saar Creek.

### **B. Runoff from concrete pad**

The concrete pad of the secondary barn was used to feed the animals. During inspection I noticed the slope of the pad sloped and any water could runoff and flow to the un named ditch. (See photo 7)

## **XIV. Receiving Water**

Mr. Vreugdenhil Saar Creek is about a half mile north of the facility. I noticed a ditch/creek near the second barn right behind the large above ground tank. This ditch, may connect with Saar Creek, or just flow the mountains to near the facility creating wetland habitat

## **XV. Sample Collection and Analyses**

No samples were taken during this inspection.

**Report Completion Date:**

**Lead Inspector Signature:**

9/6/11  
[Signature]



# **ATTACHMENT A**

**Photograph Documentation  
Hillview Dairy LLC  
(February 24, 2011 Inspection)**

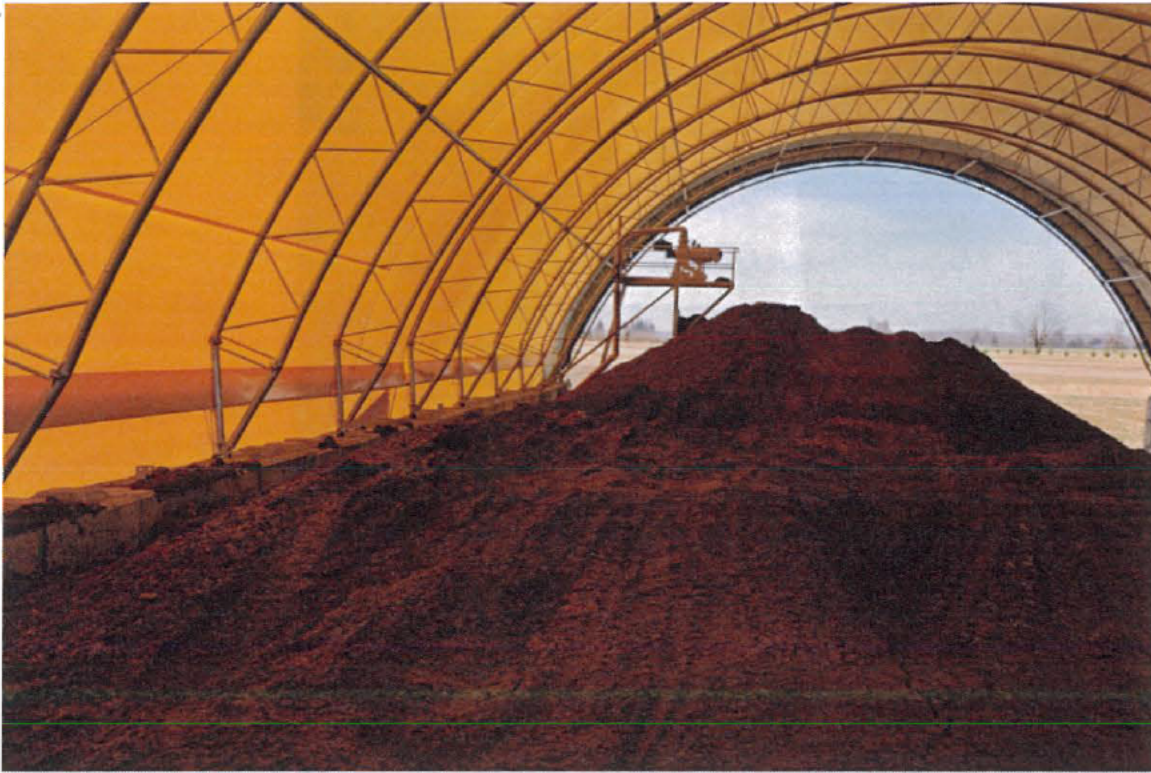


**Photo 1: Above ground tank on tires near second farm**



**Photo 2: Full Lagoon near second facility**





**Photo 3: Solid Separator**



**Photo 4: Main Lagoon Full**





**Photo 5: Feed stock area**



**Photo 6: Secondary Feed storage area**





**Photo 7: Feeding area with slab sloping to unnamed ditch**





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San Juan Creek



Hillview Dairy LLC (Medium) about 688  
GPS **48.98263** **-122.21905**  
Address: **4865-5287 Hillview Rd**  
Sumas, WA 98295

